

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32858**
4229
Registrar's No.

Registration District No. **149**

Primary Registration District No. **1001**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1615 Wyandotte /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX** (Specify whether
In this community **30 years** years, months or days)

3. (a) PRINT **MRS. LAURA DEXHEIMER**
FULL NAME

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Wh**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wm. L. Dexheimer** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **April 25 1891**
(Month) (Day) (Year)

8. AGE: Years **57** Months **5** Days **20** If less than one day hr. min.

9. Birthplace **Boone County Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Allen Sims**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **No Record**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Dillinger**
(b) Address **504 S. Jackson**

17. (a) **Burial** (b) Date thereof **10-18-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **J. W. Wagner**
(b) Address **Kansas City, Mo.**

19. (a) **10-18-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2336 Chelsea**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **15th**
year **1948** hour **5:** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **Nov 24 1946** to **Oct 15 1948**
that I last saw him alive on **Oct 13 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis** Duration **4 days**

Due to **Cerebro-Spinal-Lues - Not known**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **30**
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **Edward A. Samuelson** (Specify type of place) (e) Means of injury **Samuelson**
23. Signature **Edward A. Samuelson** (M. D. or other) **M. D.**
Address **N. C. Mo.** Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2.60363127
048 0386

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Eugene L. Kennon, Registered Apprentice No. 217
working under my personal supervision.

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.